

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)
Janigir Champa District – RNTCP Report (Checklist) 16th April 2012 to 20 April 201

A. DIAGNOSTIC ASPECTS

Please write “Yes” or “No” in the column “Observations”

(NAP- Not applicable, **- Patient not available during visit)

S. No	Check Points	Akaltara (CHC)
	Review of Resources	
1	Is at least one trained Medical Officer available in the health facility?	Yes
2	Is a full-time trained Lab Technician (LT) available for sputum microscopy?	Yes
3	Have provisions been made for sputum collection when LT is absent?	Yes
4	Is a functional binocular microscope available?	Yes
5	Is the Binocular microscope stored as per guidelines	No
6	Has the binocular microscope undergone any servicing during last 12 months?	No
7	Are all essential lab consumables available adequately?	Yes
8	Is running water available for sputum microscopy?	Yes
9	Is electricity available for the binocular microscope?	Yes
10	Have civil works been done in the Lab as per RNTCP guidelines?	Yes
11	Are printed reference materials on standard operating procedures available?	Yes
	Review of forms, registers, records and reports	
1	Are the Lab Forms for Sputum Exams filled correctly, completely and legibly?	No
2	Is the Lab Register filled correctly, completely and legibly?	Yes
3	Is it numbered 1 from 1 January?	Yes
4	Are there 2 sputum smears for diagnosis in at least 8/10 patients?	Yes
5	Are there 2 sputum smears for follow-up in at least 8/10 patients?	Yes
6	Are positive results written as scanty, 1+, 2+ or 3+ in red and negative in black/blue?	Yes
7	Are results up-to-date?	Yes
8	Does the Lab register have the summary abstract completed at the end of each month?	Yes
9	Are copies of supervisory reports of Senior TB Lab Supervisor available with LT?	Yes
10	Are OSE and RBRC feedbacks available with LT?	Yes
11	Is there evidence of supervision by STLS on lab register?	Yes
12	Is monthly PHI-level report on sputum microscopy and logistics being submitted?	Yes
13	Is the Lab register consistent with the treatment cards and TB register?	Yes

	Observe the Lab Technician during sputum collection procedure	
1	Did the LT check to ensure that the Lab Form was complete and correct?	**
2	Is the sputum container clearly labeled on the side and not on the lid?	
3	Is the Lab Serial Number entered correctly, starting with 1 on 1 January of the year and continuing until 31 December?	
4	Are each set of sputum samples from a single patient given a single Lab Serial Number?	
5	Is the Tuberculosis Number written in the space provided for all patients whose Reason for examination is Follow-up of chemotherapy?	
6	Does the Lab technician demonstrate to patients how to bring up sputum?	
7	Does the Lab technician supervise patients when they provide spot sputum specimens?	
8	Does the Lab technician visually examine the sputum provided to determine if it is sputum or saliva only?	
	Observe the Lab technician preparing smears for examination	
1	Does the Lab technician use only new slides?	**
2	Does the Lab technician either engrave each slide or label it with a grease marker?	
3	Does the Lab technician use a different broom stick for each sputum smear?	
4	Are the sputum smears made on the slide of the correct size (2 cm X 3 cm) and thickness?	
5	Does the Lab technician wait for the slide to dry before heating the slide to fix it?	
6	When the Lab technician fixes the slide by heating, does he do it for the proper duration of time?	
7	Is only "freshly prepared" carbol fuchsin being used, instead of ready-made commercially-available solutions?	
8	Is the carbol fuchsin free of particles and properly filtered at least every month?	
9	When the Lab technician heats the carbol fuchsin, does s/he do it properly, avoiding boiling and allowing the slides to stand for 5 minutes after heating?	
10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2-4 minutes)?	
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	

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10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2–4 minutes)?	
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	
	Observe the Lab technician examining slides under the microscope	
1	While placing immersion oil on the slide, does the Lab technician take care to avoid touching the slide with the applicator?	**
2	While examining the slide with the x100 lens, does the Lab technician take care to make sure that the lens does not touch the slide?	
3	Does the Lab technician examine negative sputum smear slides for at least 5 minutes?	
4	Does the lab technician have correct knowledge about grading?	
5	Does the lab technician see 100 fields before declaring the smear as negative?	
6	Does the Lab technician correctly complete the Lab Form for Sputum Examination and Lab Register?	
7	Does the Lab technician clean the x100 lens with lens paper or fine silk after completing the examination?	
8	Are slides correctly cleaned and maintained for review by the supervisor?	
9	Are all smear-positive results recorded in red ink in the Lab Register?	Yes
10	After examining the slides, does the Lab technician put the sputum containers and lids (with lids removed), along with the broom sticks, into a foot-operated bucket containing either 5% phenol?	
11	Does the Lab technician dispose previous month slides after the EQA procedure is completed as per bio-waste management guidelines??	
	Internal Quality Control Issues	
1	Is Record of Quality control slides maintained by LT?	Yes
2	Are QC slides stored in the DMC?	Yes
3	Are all reagent labeled with DOE, batch numbers?	Yes
	Interpersonal Communication of service providers with TB suspects/patients	

1	Does the MO/LT advice sputum examination for symptomatic family contacts in smear positive patients	**
2	Does the MO/LT explain sputum negative patients to come back for sputum examination if symptoms persist?	
Exit-interviews of at least 2 patients undergoing sputum microscopy		
1	Do the patients know how to cough out good quality sputum properly?	**
2	Do the patients know when they should return for the next sputum exams?	
3	Do the patients find the timings and location of the Lab convenient?	
4	Do the patients face any difficulties for undergoing sputum microscopy?	

B. TREATMENT ASPECTS

S.No.	Check Points	Akaltara
Review of TB Register		
1	Is it numbered 1 from 1 January?	Yes
2	Are names and addresses and telephone numbers readable?	No
3	Is the classification and outcome complete, correct and up-to-date?	No
4	Are follow-up and results correct (Lab Number, slash if positive in follow-up) and up-to-date?	Yes
5	Have pulmonary smear-negative patients been examined by sputum microscopy?	Yes
6	Are all new patients who are smear-positive at the end of 5 months or more categorized as 'Failure' and re-registered in Category II as 'Failure' cases?	NA
7	Is HIV status record mentioned for all registered patients?	No
8	Are dates mentioned for initiation of CPT and ART in all HIV positive patients?	No
9	Does the STS complete the summary regularly and timely?	Yes
Review of Treatment Cards		
	Are the entries correct and legible?	Yes
	Is the correct treatment regimen prescribed?	Yes
	Is the intensive phase of treatment prolonged for one month for all patients who remain sputum smears positive at the end of the intensive phase?	Yes
	Are Treatment Cards maintained correctly and up-to-date?	No
	Is DOT administration done correctly?	Yes
	Are details on past history of TB treatment mentioned on the card?	No
	Are follow-up sputum examinations done at the correct time?	No (in many cases)
	Review the treatment of 5 smear-positive patients found to be AFB smear-positive during follow-up examination. Was the treatment correct?	NA
	Is the TB-HIV block on the treatment card filled for all patients?	No
	Are all under 6 years contacts of sputum positive patients getting chemo prophylaxis?	No

C. Patient Interview of at least 1 patients each among NSP, TB-HIV, and re-treatment /MDR TB case every field-visit day

		Akaltara
1	Is the patient aware that he/she is/was undergoing treatment for TB? (Ask this question in private)	Nap**
2	Does the patient know the correct duration of treatment for his TB?	
3	Did the treatment of the patient start within 7 days of sputum microscopy?	
4	Has the patient taken more than 1 month of anti-TB treatment in the past?	
5	Did the patient take at least 20 of 24 doses (> 80% doses) under direct observation in the IP?	
6	Is participating in DOT convenient to the patient in terms of location?	
7	Is participating in DOT convenient to the patient in terms of timing?	
8	Is the patient referred to ICTC for HIV testing?	
9	If HIV positive –is the patient getting CPT?	
10	If HIV positive –was the patient referred to ART centre?	
11	Did the patient attend any Patient-provider/community meeting?	
12	Did the patient have to pay for sputum / culture DST /pre-treatment examination in MDR-TB, or TB drugs under RNTCP?	
13	Did the patient have to pay for travel/consultation to get injections (KM)?	
14	Did the patient mention that he provided 2 sputum samples before the start of treatment?	
15	Did the patient mention that he provided 2 sputum samples at the end of 2 months of treatment? Write NA, if this question is not applicable due to default, etc. (Correlate with TB register)	
16	Did the patient mention that he provided 2 sputum samples at the end of treatment? Write NA, if this question is not applicable due to default, etc. (Correlate with TB register)	
17	Was the patient satisfied with the interaction and support provided by the program staff?	
18	Are the findings of the patient interviews consistent with TB register?	

D. Interview and observe respective DOT-providers

1	Is DOT being administered correctly?	NAp**
2	Is retrieval action done within one day during the intensive phase and within one week during the continuation phase?	
3	Are the Tuberculosis Treatment Cards completed at the same time when treatment is given?	
4	Are patient-wise boxes marked for each patient?	
5	Are empty blister packets preserved in the PWB?	
6	Do the amount of drugs in the boxes tally with those mentioned in the Treatment Card?	
7	If community volunteers –did he receive honorarium for all patients treated successfully till date?	

E. Review organization of direct observation of treatment

		Akaltara
1	Are alternative resources for observation (community volunteers, hospital staff, etc.) being used as necessary?	No
2	Are sufficient stocks of drugs (including CPT) and other consumables available at the Peripheral Health Institution (PHI) level?	No

F. Inspect the drug storage area

		Akaltara
1	Is it locked?	No
2	Are the shelves in place?	Yes
3	Is the inventory system in place?	Yes
4	Are drugs with an early date of expiry placed in the front?	Yes
5	Are all drugs kept off the floor and away from the wall?	Yes
6	Are there enough drugs and other consumables?	Yes

G. Review ACSM activities

1	Is their visible IEC material in the area/centre?	Yes
2	Is patient information booklet available/used?	No
3	Number of patient provider meetings / community meeting held in the area/centre	NA

RNTCP Supervision Report of Janjgir champa District

Date of Visit: 21st to 25th august 2012

Selection of Health facility

Sr No	Block CHC	PHC	Interacted staff
1	Baloda		BMO,BPM,DEO,PADA,LT, STS,STLS
2	Akaltara		BMO,BPM,DEO,PADA, LT, STS,STLS

GENERAL OBSERVATION

CHC Baloda: Microscopic center only

1. M.O. TC post vacant in **CHC**. BMO trained in RNTCP and managing RNTCP work.
2. Sputum examination was performed in common laboratory (integrated setup), No separate lab/room for RNTCP.
3. All microscopic examination (**AFB/Malaria/TLC etc**) was performed in a single microscope, **No separate microscope for RNTCP.**
4. Microscope was not stored as per guideline.
5. All consumables (Stains/slides/Drugs etc) were available adequately.
6. DOTS were administered as per guideline/correctly.
7. Record of Quality control slide was not maintained by LT.
8. No patient visited during visit day so observation regarding sputum collection & examination by LT were not reviewed by RD team.

CHC Akaltara:

1. One medical officer not trained in RNTCP & he is working as MOTC, dealing with all RNTCP work
 2. Sputum examination was performed in common laboratory (integrated setup), No separate lab/room for RNTCP. civil work has been done in the lab as per RNTCP guideline.
 3. All microscopic examination (**AFB/Malaria/TLC etc**) was performed in a single microscope, No separate microscope for RNTCP.
 4. Microscope was not stored as per guideline.
 5. X-RAY facility available in this CHC.
 6. All consumables (Stains/slides/Drugs etc) were available adequately.
 7. DOTS were administered as per guideline/correctly.
 8. OSE & RBRC feedback available with LT & copies of supervisory reports of senior TB lab supervisor also available with LT.
 9. HIV status records were not maintained for all registered patients. TB/HIV block on the treatment card not filled for all patients.

10. Follow up sputum examinations were not done at correct time in many cases.
11. In treatment card after completion of treatment sign/Review by M.O. Not done properly in many cases.
12. Record of Quality control slide was maintained by LT.
13. No patient visit on our visit day so observation regarding sputum collection & examination by LT were not reviewed by RD team.
14. The team was also not interacted to patient & DOT provider in CHC